

# HOW *are* HEALTH DATA COLLECTED *in* MAINE

*on these* MAJOR FACTORS LEADING *to* HEALTH DISPARITIES?

	CENSUS	BRFSS	YRBS	PRAMS	MHDO	MCR
Age	Y	Y	Y	Y	Y	Y
Disability Status	Y	Y	N	N	N	N
Gender	Y	Y	Y	Y	Y	Y
If Employed	Y	Y	N	N	N	N
Type of Employment	Y	N	N	N	N	Y
Veteran Status	Y	Y	N	N	N	N
Race	Y	Y	Y	Y	N	Y
Ethnicity	Y	Y	Y	Y	N	Y
Town of Residence	Y	N <sup>1</sup>	N	Y	Y	Y
Income	Y	Y	N	Y	N	N
Education level	Y	Y	Y	Y	N	N
Sexual Orientation	Y <sup>2</sup>	N	Y	N	N	N

Y = Yes, does collect this information      N = No, does not collect this information

1 Town of Residence for BRFSS: BRFSS asked town of residence in 2000; but otherwise asks county of residence and notes the telephone exchange, which correlates with town. BRFSS will specifically ask town of residence in 2003 and years thereafter.

2 Census does not ask sexual orientation per se, but records same sex partners in the same household.

	BRTH	DTH	AB	MAR <sup>9</sup>	ID	TDS	MYDAUS
Age	Y	Y	Y	N	Y	Y	Y
Disability Status	N	N	N	N	N	Y	N
Gender	Y	Y	Y <sup>5</sup>	N <sup>6</sup>	Y	Y	Y
If Employed	N	N	N	N	N	Y	N
Type of Employment	Y <sup>3</sup>	Y <sup>4</sup>	N	N	N <sup>7</sup>	N <sup>8</sup>	N
Veteran Status	N	Y <sup>4</sup>	N	N	N	Y	N
Race	Y	Y	Y	Y <sup>6</sup>	Y	Y	Y
Ethnicity	Y	Y	Y	N	Y	Y	Y
Town of Residence	Y	Y	Y	Y <sup>6</sup>	Y	N	N
Income	N	N	N	N	N	Y	N
Education level	Y	Y	Y	Y <sup>6</sup>	N	Y	Y
Sexual Orientation	N	N	N	N	N <sup>7</sup>	N	N

3 "Usual occupation past year" and "usual business/industry past year" are asked on birth certificates, but are not entered or coded into Vital Statistic computer system.

4 Decedent's usual occupation (kind of work done during most of working life), kind of business/industry, and veteran status ("was decedent ever in US armed forces") are asked on the death certificate, but are not entered or coded into the Vital Statistic computer system.

5 Abortion certificates do not ask gender, but it is assumed all people receiving an abortion are female.

6 Gender per se is not asked on the marriage certificate. However, the certificate asks that the bride and groom be identified. Bride and groom's race, education, and county/town of residence are asked on the marriage certificate, but are not entered or coded into the Vital Statistic computer system. Race is asked by providing a blank space to be filled in, with the examples of "American Indian, Black, White, etc." given.

7 ID Reports ask type of employment if the infectious disease being reported is a hepatitis A or another foodborne illness. ID Reports also ask sexual orientation for sexually transmitted diseases.

8 TDS asks general questions regarding primary and secondary sources of income (none, wages/salary, retirement, alimony, TANF, SSI, unemployment, etc.)

9 Divorce Certificates do not ask age, ethnicity, race, education, income, employment, etc. It mainly asks names, place of residence, and names of children.



**LEGEND**

- Census** 2000 US Census data
  - BRFSS** Maine Behavior Risk Factor Surveillance System, Bureau of Health, Maine Department of Human Services
  - YRBS** Maine Youth Risk Behavior System, Maine Department of Education
  - PRAMS** Pregnancy-Related Monitoring System, Bureau of Health, Maine Department of Human Services
  - MHDO** Maine Health Data Organization, Maine Department of Financial and Professional Regulation
  - MCR** Maine Cancer Registry reports, Bureau of Health, Maine Department of Human Services
- Vital Records maintained by the Bureau of Health, Maine Department of Human Services:
- BRTH** Birth Certificates
  - DTH** Death Certificates
  - AB** Abortion Certificates
  - MAR** Marriage Certificates
- Divorce Certificates are also considered a Vital Record.
- ID** Infectious Disease Reports of those infectious diseases reportable by law to the Bureau of Health, Maine Department of Human Services
  - TDS** Office of Substance Abuse Treatment Data System, Maine Department of Behavioral and Development Services
  - MYDAUS** Maine Youth Drug and Alcohol Use Survey, Office of Substance Abuse, Maine Department of Behavioral and Developmental Services

**How RACE and ETHNICITY are asked in these data sets:**

**The 2000 Census**

**RACE:**

What is this person’s race? Mark one or more races:

White; Black, African American, or Negro; American Indian or Alaskan Indian – print name of enrolled or principal tribe: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander (print race), Other Asian (print race), Some other race (print race).

**ETHNICITY:**

Is this person Spanish/Hispanic/Latino? If yes, check if Mexican, Mexican American, Chicano; Puerto Rican; Cuban; or other Spanish/Hispanic/Latino.

What is this person’s ancestry or ethnic origin? (print ethnicity; some examples are given, such as Italian, Jamaican, African American, Cambodian, Cape Verdean, Norwegian, etc.)

**Behavioral Risk Factor Surveillance System (BRFSS)**

**RACE:**

Which one or more of the following would you say is your race?

- |                                   |   |
|-----------------------------------|---|
| American Indian or Alaskan Native | Native Hawaiian or Other Pacific Islander |
| Asian                             | White                                     |
| Black or African American         | Other                                     |

Which one of these groups would you say best represents your race?

- |   |                     |
|---|---------------------|
| American Indian or Alaskan Native         | White               |
| Asian                                     | Other               |
| Black or African American                 | Don’t know/Not sure |
| Native Hawaiian or Other Pacific Islander | Refused             |

**ETHNICITY:**

Are you Hispanic or Latino?

Yes, No, Don't know/Not sure, Refused

**Maine Youth Risk Behavior System (YRBS)**

How do you describe yourself? (Select one or more responses)

American Indian or Alaskan Native

Hispanic or Latino

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White

Has anyone ever made offensive racial comments or attacked you based on your race or ethnicity – at school or on your way to or from school?

YES NO

**Pregnancy-Related Monitoring System (PRAMS)**

Information in PRAMS on race and ethnicity is obtained from birth certificates.

**Maine Health Data Organization (MHDO)**

Data is collected from claims forms, which do not ask race and ethnicity.

**Cancer Registry (MCR)**

**RACE:**

Since hospital records are the source of this information and hospitals in Maine vary on how and if they ask race, racial status is ascertained in various ways, depending on what information is available from the hospital records.

**ETHNICITY:**

For ethnicity, the possible selections are Mexican, Puerto Rican, Cuban, South or Central American (except Brazil), other Spanish, Spanish surname, Unknown, and Non-Spanish.

**Birth Certificates (BRTH)**

**RACE:**

The form asks for person to specify in blank spaces for race for each parent, giving examples of “American Indian, Black, White, etc.”

**ETHNICITY:**

The forms ask to specify in blank spaces for ethnicity for each parent, giving examples of “French, English, Irish, etc.”

Note: If more than one race or ethnicity are entered, only the first is used. However, this practice will change to include all listed races and ethnicities.

**Death Certificates (DTH)**

**RACE:**

The form asks for person to specify in blank spaces the race, giving examples of “American Indian, Black, White, etc.”

**ETHNICITY:**

The form asks to specify in blank spaces the ancestry, giving examples of “French, English, Irish, etc.”

**Abortion Certificates (AB)**

**RACE:**

The form asks for person to check American Indian, Black, White, or Other, and to specify race if “Other.”

**ETHNICITY:**

The form asks for the person to fill in Ancestry, with the examples given of French, English, Irish, etc.



**Marriage Certificates (MAR)**

**RACE:**

The form asks for groom and bride’s race to be filled in, giving examples of “American Indian, Black, White, etc.”

**ETHNICITY:**

Ethnicity is not asked.

**Infectious Disease Reports (ID)**

**RACE:**

Race is circled using the following choices: “American Indian or Alaskan Native/Asian or Pacific Islander/Black/White/Unknown”; or race is left blank for the reporting person to fill in.

**ETHNICITY:**

Ethnicity is asked: “Hispanic? Y N” (circle one)

**Treatment Data System (TDS)**

**RACE:**

White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other

**ETHNICITY:**

Not Hispanic or Latino; Hispanic or Latino

**Maine Youth Drug and Alcohol Use Survey (MYDAUS)**

**RACE:**

What is your race?

- |                              |                                   |
|------------------------------|-----------------------------------|
| White, Caucasian or European | Other Asian                       |
| Black or African American    | Filipino                          |
| Asian or Pacific Islander    | Samoan                            |
| Chinese                      | Hawaiian                          |
| Japanese                     | Guamanian                         |
| Korean                       | Other Pacific Islander            |
| Asian Indian                 | American Indian or Alaskan Native |
| Cambodian                    | Other (Please Specify)            |
| Vietnamese                   |                                   |

Please choose the ONE answer that BEST describes what you consider yourself to be:

- |  |                           |
|--|---------------------------|
| White, not of Hispanic Origin                    | Spanish/Hispanic/Latino   |
| Black or African American                        | Asian or Pacific Islander |
| American Indian/Native American, Eskimo or Aleut | Other (Please Specify)    |

**ETHNICITY:**

Are you Spanish/Hispanic/Latino?

- |                                 |                                    |
|---------------------------------|------------------------------------|
| No, not Spanish/Hispanic/Latino | Yes, Puerto Rican                  |
| Yes, Mexican American           | Yes, Cuban                         |
| Yes, Mexican                    | Yes, Central or South American     |
| Yes, Chicano                    | Yes, Other Spanish/Hispanic/Latino |



## How DISABILITY status is asked in these data sets:

### 2000 Census:

Does this person have any of the following long-lasting conditions:

Blindness, deafness, or a severe vision or hearing impairment?

A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

Because of a physical, mental, or emotional condition lasting six months or more, does this person have any difficulty in doing any of the following activities:

Learning, remembering, or concentrating?

Dressing, bathing, or getting around inside the home?

(Answer if this person is 16 years old or over.) Going outside the home alone to shop or visit a doctor's office?

(Answer if this person is 16 years old or over.) Working at a job or business?

### Maine Behavior Risk Factor Surveillance System (BRFSS)

*The following question was asked by Maine BRFSS in 2000:*

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

None, Don't Know/Not Sure, Refused, Number of Days

*The following questions were asked by Maine BRFSS in 2001:*

Are you limited in any way in any activities because of physical, mental, or emotional problems?

During the past 30 days, did poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation?

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Yes, No, Don't Know/Not Sure, Refused

*The following questions are going to be asked by the Maine BRFSS in 2003:*

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days, None, Don't Know/Not Sure, Refused

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Yes, No, Don't Know/Not Sure, Refused

*A more thorough disabilities module of questions is being planned for Maine BRFSS for a future year.*

### Treatment Data System (TDS)

*Treatment Data Systems for substance abuse treatment*

Are any special accommodations needed to provide services?

Yes or No answer for the following items: hearing, visual, physical, language, or other



## How SEXUAL ORIENTATION is asked:

### The 2000 Census

The 2000 Census does not identify sexual orientation of respondents but does identify some numbers of same sex partners living in the same household. The “householder,” the individual in whose name the house is owned or rented, was asked to identify how other people in the household are related to the householder. Categories included spouse, child or other relative of the householder, housemate/roommate, roomer/boarder, and unmarried partner. Those identified as spouse or unmarried partner and found to be of the same sex were then designated as “same-sex partners.” The 2000 Census numbers of same-sex partners are felt to be an undercounting, since some couples would be reluctant to report and since some may not live together.

### The 2001 YRBS asked:

What is your sex?

female      male

The person(s) with whom you have had sexual contact during your life is:

- a. I have never had sexual contact
- b. Female
- c. Male
- d. Male and female

Has anyone ever made offensive comments or attacked you because of your perceived sexual orientation – at school or on your way to or from school?

- a. Yes
- b. No

### ID Reports ask:

*For Hepatitis*, “What is the patient’s sexual preference?”

*For HIV/AIDS*, “What is the gender of sexual partners?”